



NOTICE OF TERMINATION (NOT) OF COVERAGE UNDER THE PESTICIDE GENERAL PERMIT (PGP)  
FOR DISCHARGES FROM THE APPLICATION OF PESTICIDES

**A. Permit Information**

1. UPDES Permit Number: \_\_\_\_\_
2. Reason for Termination (check only one):
  - a.  You have ceased all discharges from the application of pesticides for which you obtained permit coverage and you do not expect to discharge during the remainder of the permit ter.
  - b.  You have obtained permit coverage under UPDES individual or alternative UPDES permit for all pesticide discharges requiring permit coverage.
  - c.  A new Operator has taken over decision-making responsibility for the pest control activite4s covered under an existing NOI, Provide the transfer date and the new Operator information.

New Operator Name: \_\_\_\_\_  
Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Telephone: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_\_ Ext. \_\_\_\_\_  
E-mail (optional): \_\_\_\_\_

**B. Operator Information**

1. Operator Name: \_\_\_\_\_
2. Mailing Address:

Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Telephone: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_\_ ext. \_\_\_\_\_  
E-mail (optional): \_\_\_\_\_

**C. Certification**

I certify under penalty of law that I have met at least one of the reason for terminating permit coverage listed in Section A above. I understand that by submitting this Notice of Termination, I am no longer authorized to discharge pesticides to waters of the United States. This document and all attachments were prepared under my direction and supervision in accordance with a system designed to ensure that qualified personnel properly gather and evaluate the information submitted. On the basis of my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine or imprisonment. Additionally, I understand that the

submittal of this Notice of Termination does not release a pesticide Operator from liability for any violation of the Clean Water Act.

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

E-mail (optional) \_\_\_\_\_

Signature/Responsible Official: \_\_\_\_\_ Date: \_\_\_\_\_

NOT Preparer (Complete if NOT was prepared by someone other than the certifier)

Preparer Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Phone: (\_\_\_\_)-\_\_\_\_-\_\_\_\_ Ext. \_\_\_\_\_ Date: \_\_\_\_\_

E-mail (optional) \_\_\_\_\_

### **Who Must File an NOT?**

Any operator required to submit a Notice of Termination (NOT) is required to submit a Notice of Termination to end coverage under this permit. However if DWQ notifies the Operator to apply for an UPDES individual permit or alternative general permit, coverage under this permit terminates automatically. As required in the permit, only certain Operators who are also Decision-maker must submit NOT.

If you have questions about whether you need to file an NOT, please call DWQ at 801-536-4300.

Operators must file the NOT form within 30 days after one or more of the NOT submission requirements have been met.

### **Where to File the NOT?**

Division of Water Quality  
Attention: Pesticide Coordinator  
PO Box 144870  
Salt Lake City, UT 84114-4870

Submit the original NOT form with a signature in ink. Do not send copies. Also, faxed copies will not be accepted.

### **Completing the NOT Form**

To complete this form, type or print in uppercase letters in the appropriate areas only. Make sure you complete all questions. Make sure you make a photocopy for your records before you send the completed form to the address above.

### **Section A. Permit Information**

1. Select the appropriate box to indicate why you are submitting an NOT to end permit coverage. Select one of the three termination options.
  - a. Select this box if you have ceased all discharges from the applicate of pesticides for which you obtained permit coverage and you do not expect to discharge during the remainder of the permit term.
  - b. Select this box if you have obtained UPDES individual permit coverage or alternative UPDES permit coverage.
  - c. Select this box if a new Operator has taken over decision-making reasonability of pest control activities covered under an existing NOI and you are no longer the Operator. Provide the date of transfer and the name and contact information of the new Operator.

### **Section B. Operator Information**

1. Provide the full legal name of the person, firm, public organization, or other entity that is the Operator who is the Decision-maker for the pesticide application described in this application.
2. Provide the Operator's mailing address and telephone number. Correspondence will be sent to this address.
3. Provide a contact person's full legal name and e-mail address. This person will be contacted regarding any NOT communication.

### **Section C. Certification**

Carefully read the certification statement. By completing and submitting the NOT, the Operator certifies that every applicable general permit requirement will be met. Provide the printed full legal name, title and email address of the certifier. Sign and date the form. (CAUTION: An unsigned or undated NOT form will prevent the termination of permit coverage.) Federal statutes provide for severe penalties for submitting false information on this application form.

If the NOT was prepared by someone other than the certified (for example, if the NOT was prepared by the PDMP contact or a consultant for the certifier's signature), include the name, organization, phone number and e-mail address of the NOT preparer.

